

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2014

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	1	the limited liability comp	-						
141963			S U.S., LL						
3. State of Formation	Brief description of the character of business conducted in Rhode Island								
FL	ABANDO	NED PRO	PERTY AUD	MINS					
5. Principal office address			CitY NEW YORK	State	zi90001				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:									
Contact Name MARTIN J LEF			Contact Title MBER						
Street Address 351	51,	STE 1600	CITY YORK	State	Zip 000 /				
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS									
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Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN RHODE ISLAND									
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.									

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Form No. 632 Revised: 01/2012 Under penalty of perjury, I declare and affirm that I have examined this report, including/any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

) J LEE

Print or Type Name of Authorized Person